



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF LEAD LICENSING  
**LEAD OCCUPATION LICENSE RENEWAL APPLICATION**

### GENERAL INFORMATION

A completed application for a renewal license must be submitted to BLL at least sixty (60) days prior to the license expiration date indicated on the license. Failure of the licensee to submit an application at least sixty (60) days prior to the current license's expiration date may result in the license not being renewed before the current license expires. If a licensee allows the license to expire before renewal, the licensee must reapply to BLL.

A **completed renewal application** includes:

1. A completed *Lead Occupation License Renewal Application* form
2. A copy of your BLL or EPA accredited training course completion certificates, and any required refresher completion certificates
3. Two (2) recent passport-size color photographs of the applicant's face without a hat or sunglasses (Computer generated or photocopied photographs are not acceptable) and
4. A check or money order made payable to the Missouri Department of Health and Senior Services for the appropriate nonrefundable fee.

### INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF APPLICATION AND ISSUANCE OF LICENSE.

The individual signing the application must provide their social security number pursuant to state and federal law. If you fail or refuse to provide your social security number, your application will be returned to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.

- Please submit a separate **complete application** for each occupation for which you are applying.
- **Please type or print legibly.**
- Mail **completed application** to: Missouri Department of Health and Senior Services, Attn: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102-0570

### PART A. PERSONAL INFORMATION

LEGAL NAME OF APPLICANT — FIRST		MIDDLE INITIAL	LAST	
HOME ADDRESS (STREET, APARTMENT)				
CITY		STATE	ZIP CODE	
TELEPHONE NUMBER (     )     -		SOCIAL SECURITY NUMBER -     -		
PRESENT EMPLOYER			EMPLOYER TELEPHONE NUMBER (     )     -	
EMPLOYER ADDRESS (STREET)				
CITY	STATE	ZIP CODE	COUNTY	

Please mail all correspondence regarding this application to my: (check one)

☐ Home Address    ☐ Present Employer

Check the appropriate box:		FOR OFFICE USE ONLY
<u>RENEWAL FOR:</u>  <input type="checkbox"/> Inspector  <input type="checkbox"/> Risk Assessor  <input type="checkbox"/> Worker  <input type="checkbox"/> Supervisor  <input type="checkbox"/> Project Designer	<u>FEE</u>  \$50.00  \$50.00  \$50.00  \$50.00  \$50.00	
<b>PART B. REFRESHER TRAINING</b> Submit copy of training course certificate.		
TRAINING COMPLETED (Check appropriate boxes for this license.)  <input type="checkbox"/> Bureau of Lead Licensing (BLL) — Accredited Training Provider  <input type="checkbox"/> The U.S. Environmental Protection Agency (EPA) — Accredited Training Provider		
<input type="checkbox"/> Inspector <input type="checkbox"/> Risk Assessor <input type="checkbox"/> Worker <input type="checkbox"/> Supervisor <input type="checkbox"/> Project Designer		
NAME OF TRAINING PROVIDER		
ADDRESS OF TRAINING PROVIDER		CERTIFICATE NUMBER
<b>PART C. WAIVER (OPTIONAL)</b>		
I hereby authorize the person named in this waiver to act on my behalf regarding this application. If at any time I decide to change this authorization, I shall notify BLL in writing of such change.		
NAME		TITLE OR RELATIONSHIP TO APPLICANT
ADDRESS		
TELEPHONE NUMBER		
(       )		
<b>PART D. CERTIFICATION</b>		
I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I further certify that I will comply with Sections 701.300 through 701.338, RSMo, and with any regulations promulgated pursuant to Sections 701.300 through 701.338, RSMo.		
SIGNATURE OF APPLICANT (NOTE: APPLICATION IS NOT COMPLETE WITHOUT SIGNATURE)  		DATE